

## License Verification Form

The following individual is applying for licensure with the SC Soil Classifiers Advisory Council and has indicated that he/she is registered in your jurisdiction:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please verify the applicant's licensure/certification information as follows:

\_\_\_Yes \_\_\_No

1. Has the individual above ever been licensed/certified by your board?

If yes, please complete the following. If no, skip to Item 2.

A. License/Certification Number: \_\_\_\_\_

B. Date of Initial Licensure: \_\_\_\_\_

C. Expiration Date: \_\_\_\_\_

D. Basis for Licensure/Certification:

\_\_\_\_\_ Completion of education/experience/examination requirement

\_\_\_\_\_ Comity/Reciprocity with state of \_\_\_\_\_

\_\_\_\_\_ Grandfathered

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_Yes \_\_\_No

2. Has the individual completed any written examination for your board?

If yes, complete the following. If no, skip to Item 3

A. Name of examination completed: \_\_\_\_\_

B. Date Passed: \_\_\_\_\_

\_\_\_Yes \_\_\_No

3. Has this applicant been subject to any Disciplinary Action or pending legal action that could affect his/her professional status in this state? (If yes, please attach explanation on separate sheet).

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to: SC Soil Classifiers Advisory Council  
P.O. Box 11419  
Columbia, SC 29211-1419

Telephone: (803) 896-4580  
FAX: (803) 896-4424  
Email: [sherri.moorer@llr.sc.gov](mailto:sherri.moorer@llr.sc.gov)